

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09 781361

FILING DATE

02-12-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6	1					
7		①				
8		①				
9		①				
10		①				
11	1					
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50						
TOTAL IND.	3					
TOTAL DEP.	9	↓	↓	↓	↓	↓
TOTAL CLAIMS	12	██████	██████	██████	██████	██████

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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100								
TOTAL IND.								
TOTAL DEP.		↓	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS		██████	██████	██████	██████	██████	██████	██████

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